

**PERAN *SELF COMPASSION* DAN REGULASI EMOSI TERHADAP STRES  
PADA GURU PENDERITA *DIABETES MELLITUS* TIPE 2  
YANG MENJALANI PENGOBATAN RAWAT JALAN  
DI RSUD KABUPATEN PURBALINGGA**

**JURNAL**

**Disusun untuk Memenuhi Sebagian Syarat Memperoleh Derajat  
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# **PERAN *SELF COMPASSION* DAN REGULASI EMOSI TERHADAP STRES PADA GURU PENDERITA *DIABETES MELLITUS***

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## **Abstrak**

Penelitian ini bertujuan untuk menguji secara empirik peran *self compassion* dan regulasi emosi terhadap stres pada guru penderita *diabetes mellitus* (DM). Subjek penelitian adalah 82 guru penderita DM tipe 2 yang menjalani pengobatan rawat jalan di RSUD Kabupaten Purbalingga. Metode pengumpulan data dengan menggunakan skala *self compassion*, regulasi emosi dan stres dengan model penskalaan *likert*. Analisis data menggunakan analisis regresi linear berganda dengan uji asumsi meliputi uji normalitas, uji linieritas dan uji multikolinearitas. Hasil analisis data menunjukkan bahwa *self compassion* dan regulasi emosi secara simultan berpengaruh terhadap stres dengan nilai  $F=53.883$ ,  $p = 0.000$  ( $p < 0.01$ ). Terdapat pengaruh yang sangat signifikan antara *self compassion* terhadap stres dengan nilai  $t = 5.530$ ,  $p = 0.000$  ( $p < 0.01$ ) dan terdapat pengaruh yang signifikan antara regulasi emosi dan stres dengan nilai  $t = 3.123$  dengan signifikansi  $p = 0.003$ , ( $p < 0.05$ ). *Self compassion* dan regulasi emosi memberikan kontribusi sebesar 57.7% terhadap stres dan 42.3% sisanya dapat dipengaruhi oleh variabel lain.

**Kata kunci:** *diabetes mellitus*, guru, regulasi emosi, *self compassion*, stres

## **1. PENDAHULUAN**

Modernisasi membuat masyarakat Indonesia memiliki berbagai macam kegiatan baru yang menyibukan, setiap individu memiliki aktivitas harian yang beragam. Individu yang memiliki aktivitas padat dapat mengalami kesulitan dalam mengatur waktu secara efektif, kesulitan ini menimbulkan adanya tekanan fisik dan psikis yang menyebabkan stres (Rau, Wu, Hsieh, 2017). Penyebab stress bagi tiap individu berbeda-beda, namun secara umum stres disebabkan oleh banyaknya tuntutan yang

berasal dari diri sendiri maupun dari lingkungan (Lazarus, 2012). Salah satu penyebab stress adalah karena terkena penyakit, misalnya pada guru yang mengalami diabetes mellitus (DM) (Rau, Wu, Hsieh, 2017).

Diabetes mellitus (DM) merupakan penyakit yang umum dialami di berbagai kalangan, prevalensi diabetes mengalami peningkatan di berbagai wilayah. Diabetes berkaitan dengan gangguan metabolisme lemak, protein dan karbohidrat (Halim & Halim, 2019). Diabetes mellitus tipe 2 (T2DM) adalah kelainan metabolisme umum yang ditandai dengan hiperglikemia kronis. Hal ini terkait dengan berkurangnya usia harapan hidup karena risiko penyakit jantung, stroke, neuropati perifer, penyakit ginjal, kebutaan, dan amputasi yang lebih besar (Hurtado & Vella, 2019).

Guru penderita DM tipe 2 mengalami stres karena adanya gangguan pada respon tubuh, sehingga tubuh tidak dapat merespon setiap kebutuhan spesifik dari anggota tubuh yang mengalami gangguan (Rau, Wu, Hsieh, 2017). Kerharusan penderita DM 2 untuk menjaga pola makan juga menimbulkan stress, hal ini karena mereka harus membatasi dan mengurangi makanan tertentu serta melakukan pengontrolan berat badan (Huyuhn, Menezes, Gerstein, & Sherifali, 2019). Di sisi lain Stress berhubungan dengan perilaku makan, dan perilaku makan adalah hal yang penting bagi penderita DM, sehingga penting bagi penderita DM tipe 2 untuk menjaga pola makannya (Park, Quinn, Park, & Nemeth, 2018).

Fisher, Ludin, William, Abdi, Smith, dan Williams (2001) menjelaskan bahwa diabetes dan stres merupakan dua hal yang saling mempengaruhi baik secara langsung maupun tidak langsung. Individu yang mengalami stress yang tinggi dapat berakibat pada peningkatan resiko DM tipe 2 (Madhu, Siddiqui, Desai, Sharma, & Bansal, 2019), penelitian Derek, Rottie dan Kallo (2017) menunjukkan adanya hubungan antara tingkat stres dan tingkat kadar gula darah pasien DM tipe 2 di Rumah Sakit Pancaran Kasih GMIM Manado. Surwit (2002) menyatakan bahwa stress merupakan salah satu fenomena yang muncul pada penderita diabetes.

Sarafino dan Smith (2014) mendefinisikan stres sebagai kondisi saat individu merasa tidak mampu menghadapi tuntutan-tuntutan dari lingkungan mereka, sehingga

individu merasa tegang dan tidak nyaman. Stres merupakan respon individu terhadap keadaan atau kejadian yang memicu stres (stresor), yang mengancam dan mengganggu kemampuan seseorang untuk menanganinya atau coping (Santrock, 2011). Robbin dan Judge (2013) menjelaskan bahwa stres adalah kondisi dinamis individu dalam menghadapi peluang, kendala, tuntutan yang terkait dengan apa yang sangat diinginkannya dan hasilnya dipersepsikan sebagai sesuatu yang tidak pasti tetapi merupakan sebuah hal yang penting. Siu (2019) menambahkan bahwa stres merupakan suatu kondisi yang menekan yang disebabkan oleh berbagai macam masalah, seperti masalah pribadi, pekerjaan, organisasi, dan sosial lainnya.

Sarafino dan Smith (2014) menyebut dua aspek dari stress, meliputi: 1) Fisiologis, yaitu reaksi biologis yang timbul karena adanya kondisi yang mengancam atau berbahaya. Contohnya gemetar, keringat dingin, pusing, jantung berdetak kencang, sulit bernafas, sering buang air kecil, merasa lemas, kerongkongan terasa kering, dan mual. 2) Psikologis, terdiri dari kognitif dan perilaku. Sarafino dan Smith (2014) menjelaskan bahwa ada dua faktor yang mempengaruhi stres. 1) Faktor yang berhubungan dengan situasi, meliputi besar kecilnya tuntutan keadaan yang dilihat sebagai stres, seperti lingkungan, dan sosial budaya. 2) Faktor yang berhubungan dengan individu meliputi kepribadian, intelektual/kognitif, motivasi, harga diri, kepercayaan diri, *self compassion*, regulasi emosi, oleh karena itu stres merupakan variabel yang sangat penting untuk diteliti mengingat permasalahan yang ditimbulkan dari stres pada guru penderita DM tipe 2.

## **2. SELF COMPASSION DAN STRES**

Stres dapat dipengaruhi oleh *self compassion*, penelitian Neff (2011) mengemukakan bahwa *self compassion* atau rasa kasih sayang kepada diri dapat ditunjukkan dengan sikap mental yang kuat dan tahan banting dalam mengatasi setiap keadaan sulit yang terjadi kepada diri sendiri. *Self compassion* memberikan kekuatan emosional dan ketahanan agar individu pulih lebih cepat dari rasa kecewa ataupun frustrasi, sehingga bisa mengakui kekurangan yang dimiliki, memaafkan diri, serta

berusaha untuk meraih potensi yang dimiliki. Penelitian Gilbert dan Proctor (2006) menemukan bahwa peningkatan self compassion dapat menurunkan tingkat hormon stres pada individu. *Self compassion* merupakan sumber daya coping yang berharga ketika orang mengalami kehidupan negatif seperti stres, *self compassion* dapat penting untuk menurunkan stres (Allen & Leary, 2010).

Bluth, Roberson, Gaylord, Faurot, Grewen, Arzon dan Girdler (2015) mengemukakan bahwa self compassion berkaitan dengan emosi yang berhubungan dengan kesejahteraan, dan menunjukkan adanya implikasi bahwa individu yang memiliki *self compassion* yang baik cenderung memiliki stress yang rendah. *Self compassion* secara signifikan mengurangi depresi, kecemasan, dan stres pada pasien dengan *diabetes mellitus* tipe 2 (Rafiee & Karami, 2018).

Neff (2012) mengartikan *self compassion* adalah rasa kasih sayang pada diri sendiri terhadap penderitaan yang dialami oleh seseorang. Komponen *self compassion* menurut Neff (2012) terdiri dari (1) *self kindness*, yaitu kemampuan untuk memahami diri ketika individu memiliki kekurangan ataupun merasakan penderitaan dalam hidupnya, (2) *common humanity* yaitu, kesadaran individu bahwa semua orang pernah mengalami masa-masa sulit, (3) *mindfulness* adalah kesadaran penuh untuk menerima penderitaan yang dipikirkan dan dirasakan. Neff (Consedine, Friis, & Johnson, 2015) menjelaskan juga bahwa adanya konsep kasih sayang terhadap diri sendiri terdiri dari 3 komponen yang meliputi *self kindness* (kebaikan), *common humanity* (sifat manusiawi), *mindfulness* (kesadaran terhadap diri sendiri) yang semuanya relevan dan sangat dibutuhkan oleh penderita DM tipe 2.

### **3. REGULASI EMOSI DAN STRES**

Gohm (2003) menyatakan bahwa individu yang memiliki kemampuan regulasi emosi yang baik dapat memberikan reaksi emosi tepat, sehingga pada akhirnya dapat mengurangi dan terhindar dari keadaan stres. Konsep regulasi emosi meliputi

kesadaran dan ketidak-sadaran secara psikologis, tingkah laku, dan proses kognitif. Regulasi emosi penting agar guru dapat menjalankan pola hidup sehat (Hajek, 2019).

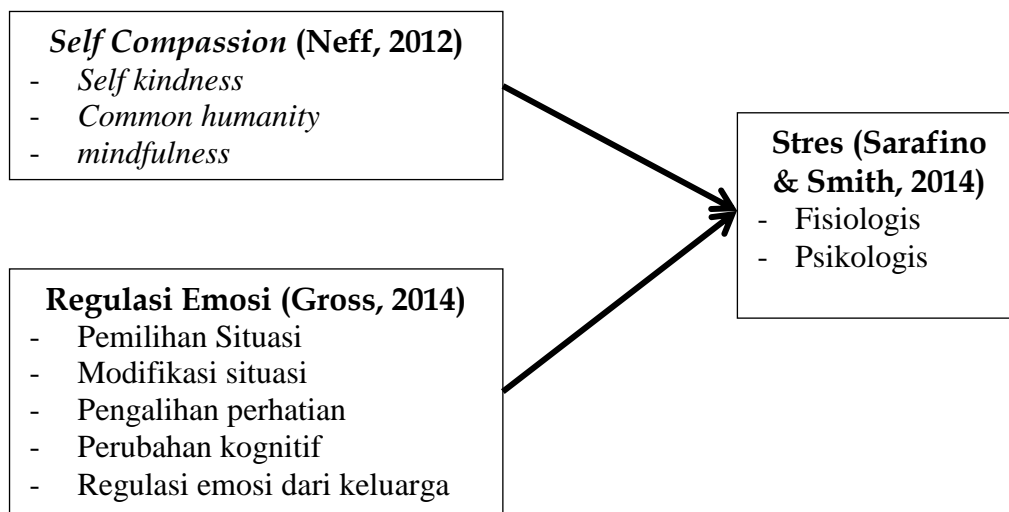
Regulasi emosi adalah kemampuan yang dimiliki seseorang untuk menilai, mengatasi, mengelola, dan mengungkapkan emosi yang tepat dalam rangka mencapai keseimbangan emosional (Greenberg, 2015). Gross (2014) mendefinisikan regulasi emosi sebagai pembentukan emosi yang dimiliki oleh seseorang, ketika seseorang memiliki emosi, maka bagaimana seseorang mengalami atau mengekspresikan emosi ini dengan adanya strategi regulasi emosi yang membuat kondisinya menjadi lebih baik. Menurut Kostiuk dan Fouts (2002) regulasi emosi merupakan kemampuan untuk menanggapi suatu hal secara terus menerus tuntutan pengalaman dengan berbagai emosi dalam suatu cara yang bersifat spontan yang diperlukan.

Richardson (2017) mengungkapkan bahwa regulasi emosi penting dipertimbangkan dalam konteks peristiwa kehidupan yang penuh tekanan, sehingga apabila seorang memiliki regulasi emosi yang tinggi maka ia dapat merasakan stres yang berkurang. Regulasi membuat individu mampu melakukan pengontrolan emosi, dengan cara mengubah emosi negatif menjadi emosi positif, melakukan introspeksi serta tidak mudah putus asa dalam menghadapi suatu masalah (Gross, 2014). Regulasi diri yang baik dapat memiliki dampak positif pada masalah stres, dan kontrol glikemik penderita DM (Tavakoli & Zahrani, 2018), mengurangi rasa khawatir, tidur yang nyenyak dan meningkatkan rasa nyaman dan relaks (Saedpanah, Salehi, Moghaddam, 2016), sehingga dapat mengurangi stress (Habibzadeh, Pourabdol, Saravani, 2015). Penelitian Wang, Kong, Huang, (2017) menunjukkan bahwa semakin tinggi regulasi emosi maka semakin rendah stres. Sehingga, regulasi emosi efektif untuk menurunkan stres (Shahidi, Akbari, Zargar, 2017).

Aspek-aspek regulasi emosi menurut Gross (2014) terdiri dari (1) Situation selection yaitu, suatu cara dimana individu mendekati/menghindari orang atau situasi yang dapat menimbulkan emosi yang berlebihan. (2) Situation modification yaitu, suatu cara dimana seseorang mengubah lingkungan sehingga akan ikut mengurangi

pengaruh kuat dari emosi yang timbul. (3) Attention deployment yaitu, suatu cara dimana seseorang mengalihkan perhatian mereka dari situasi yang tidak menyenangkan untuk menghindari timbulnya emosi yang berlebihan. (4) Cognitive change yaitu, suatu strategi dimana individu mengevaluasi kembali situasi dengan mengubah cara berpikir menjadi lebih positif sehingga dapat mengurangi pengaruh kuat dari emosi. (5) Respon modulation yaitu, usaha individu untuk mengatur dan menampilkan respon emosi yang tidak berlebihan.

Berdasarkan pemaparan di atas, maka dapat diperoleh gambaran peran self compassion dan regulasi emosi terhadap stres dalam penelitian ini adalah sebagai berikut:



Tujuan dalam penelitian ini adalah untuk menguji secara empirik peran *self compassion* dan regulasi emosi terhadap stres pada guru penderita DM tipe 2. Hipotesis dalam penelitian ini adalah 1). Terdapat peran *self compassion* dan regulasi terhadap stres. 2). Terdapat peran self compassion terhadap stres dan 3). Terdapat peran regulasi emosi terhadap stres.

## 4. RESEARCH METHOD

### 4.1 Subjek Penelitian

Subjek dalam penelitian ini adalah guru penderita DM tipe 2 yang menjalani pengobatan rawat jalan di RSUD Kabupaten Purbalingga. Jumlah subjek yang digunakan dalam penelitian ini sebanyak 82 guru penderita DM tipe 2 yang menjalani pengobatan rawat jalan di RSUD Kabupaten Purbalingga, 2, tercatat pada data rekam medis poliklinik penyakit dalam mulai dari bulan Januari 2017 – Januari 2019 (Rentang waktu sakit kurang dari 2 tahun agar efek fisiologis dan psikologis masih benar-benar terasa).

### 4.2 Alat Ukur

Stres diungkap dengan menggunakan skala stres yang mengacu pada aspek-aspek stres menurut Sarafino dan Smith (2014), yaitu fisiologis dan psikologis. *Self compassion* diungkap dengan skala self compassion yang mengacu pada komponen menurut Neff (2012) yaitu *self kindness*, *common humanity*, *mindfulness*. Regulasi emosi diungkap dengan menggunakan skala regulasi emosi dengan mengacu pada aspek-aspek regulasi emosi menurut Gross (2014) yaitu tuntutan fisik dan tuntutan tugas.

### 4.3. Validitas dan Reliabilitas Alat Ukur

Uji coba alat ukur dilakukan terhadap 40 guru penderita DM tipe 2 yang menjalani pengobatan rawat jalan di RSUD Purbalingga. Skala stres terdiri dari 60 aitem. Setelah dilakukan pengujian terhadap skala tersebut maka didapatkan hasil koefisien reliabilitas ( $\alpha$ ) sebesar 0.936 dan Indeks daya beda aitem (*corrected item-total correlation*) bergerak antara 0.345 sampai 0.726. Berdasarkan hasil tersebut, maka skala stres dapat digunakan sebagai alat pengumpul data yang valid dan reliabel. Model penskalaan yang digunakan dalam skala kepuasan kerja adalah model penskalaan *likert*.



Skala *self compassion* terdiri dari 60 aitem. Setelah dilakukan pengujian terhadap skala tersebut maka didapatkan hasil koefisien reliabilitas ( $\alpha$ ) sebesar 0.931 dan Indeks daya beda aitem (*corrected item-total correlation*) bergerak antara 0.316 sampai 0.645. Berdasarkan hasil tersebut, maka skala *self compassion* dapat digunakan sebagai alat pengumpul data yang valid dan reliabel. Model penskalaan yang digunakan dalam skala stres kerja adalah model penskalaan *likert*.

Skala regulasi emosi terdiri dari 60 aitem. Setelah dilakukan pengujian terhadap skala tersebut maka didapatkan hasil koefisien reliabilitas ( $\alpha$ ) sebesar 0.926 dan Indeks daya beda aitem (*corrected item-total correlation*) bergerak antara 0.315 sampai 0.680. Berdasarkan hasil tersebut, maka skala regulasi emosi dapat digunakan sebagai alat pengumpul data yang valid dan reliabel. Model penskalaan yang digunakan dalam skala beban kerja adalah model penskalaan *likert*.

#### 4.4. Hasil Analisis Data

Metode untuk menganalisis data penelitian menggunakan metode statistik parametrik. Analisis data dilakukan dengan menggunakan IBM SPSS 22. melalui teknik uji regresi berganda linier (*multiple regression*) yaitu suatu teknik analisis statistik untuk mengetahui pengaruh antara dua variabel bebas (*self compassion* dan regulasi emosi) dengan satu variabel tergantung (stres). Uji asumsi yang dilakukan sebelum uji hipotesis adalah uji normalitas, uji linieritas dan uji multikolinearitas.

## 5. RESULTS AND ANALYSIS

### 5.1. Uji Prasyarat

#### *Uji Normalitas*

Uji normalitas bertujuan untuk melihat normal atau tidaknya distribusi sebaran skor subjek pada variabel *self compassion* regulasi emosi dan stres. Uji normalitas dilakukan dengan menggunakan *one sample-kolmogorov-smirnov Test*. Hasil analisis

menunjukkan bahwa ketiga variabel memiliki sebaran yang normal yang dapat dilihat pada tabel 1 di bawah ini.

Tabel 1. *Uji normalitas sebaran*

| No | Variabel               | Skor K-SZ | Sig.  | Kaidah | Keterangan |
|----|------------------------|-----------|-------|--------|------------|
| 1  | Stres                  | 0.755     | 0.619 | P>0.05 | Normal     |
| 2  | <i>Self compassion</i> | 0.699     | 0.713 | P>0.05 | Normal     |
| 3  | Regulasi emosi         | 0.627     | 0.826 | P>0.05 | Normal     |

#### *Uji Linieritas*

Hasil uji linearitas diperoleh F linearity pada stres kerja terhadap kepuasan kerja sebesar 21.869 dengan taraf signifikansi (p) sebesar 0.000 yang berarti linear atau ada garis yang menghubungkan antara variabel *self compassion* dan regulasi emosi. Hasil uji linearitas *self compassion* terhadap stres diperoleh F linearity sebesar 99,709 dengan taraf signifikansi (p) sebesar 0.000 dan regulasi emosi terhadap stres diperoleh F linearity 56,256 yang berarti linear atau ada garis lurus yang menghubungkan antara *self compassion* dan regulasi emosi. Hasil uji linearitas yang dapat dilihat pada tabel 2 di bawah ini.

Tabel 2. *Uji Linearitas*

| No | Variabel              | F<br>Linearity | Sig   | Kaidah | Keterangan |
|----|-----------------------|----------------|-------|--------|------------|
|    |                       | 9.709          | 0.000 | P<0.01 | Linear     |
| 2  | <i>Regulasi emosi</i> | 56.256         | 0.000 | P<0.01 | Linear     |

#### *Uji multikolinearitas*

Uji multikolinearitas bertujuan untuk memastikan bahwa tidak terjadinya hubungan multikolinear antara kedua variabel bebas. Berdasarkan tabel 3 di bawah ini menunjukkan bahwa stres kerja dan beban kerja memiliki nilai VIF=1.250 ( $VIF < 10$ ) dan *tolerance* = 0.800 (*tolerance* > 0.1), maka antara stres kerja dan beban kerja tidak terjadi multikolinearitas.

Tabel 3. Uji multikolinearitas

| No | Variabel        | Tolerance | VIF   | Kaidah                                    | Keterangan                      |
|----|-----------------|-----------|-------|---|---------------------------------|
| 1  | Self compassion | 0.582     | 1.720 | Kaidah tolerance > 0.1<br>Kaidah VIF < 10 | Tidak terjadi multikolinearitas |
| 2  | Regulasi emosi  | 0.51      | 1.960 | Kaidah tolerance > 0.1<br>Kaidah VIF < 10 | Tidak terjadi multikolinearitas |

### Uji Hipotesis

Berdasarkan tabel 4 bahwa pada pengujian analisis regresi berganda didapatkan nilai hasil uji F sebesar 53.883 dengan signifikansi sebesar 0.000 ( $p < 0.01$ ) yang menunjukkan bahwa *self compassion* dan regulasi emosi secara simultan berpengaruh terhadap stres pada guru penderita DM tipe 2 yang menjalani pengobatan rawat jalan di RSUD Kabupaten Purbalingga. Nilai koefisien determinasi yaitu  $R^2 = 0.577$  menunjukkan bahwa *self compassion* dan regulasi emosi memiliki kontribusi terhadap stres sebesar 57.7 % sedangkan 42.3 % sisanya dipengaruhi oleh variabel lain.

Tabel 4. Uji Regresi Berganda

| Variabel  | R     | F      | Signifikansi | Kaidah     | Keterangan                         |
|---|-------|--------|--------------|------------|------------------------------------|
| Self compassion dan regulasi emosi terhadap stres | 0.577 | 53.883 | 0.000        | $P < 0.01$ | Ada pengaruh dan sangat signifikan |

Secara parsial hasil analisis yang telah dilakukan bahwa terdapat pengaruh secara parsial antara *self compassion* dan stres (rx1y) sebesar  $t = 5.530$  dengan signifikansi  $p = 0.000$  ( $p < 0.01$ ) yang artinya terdapat pengaruh yang sangat signifikan antara *self compassion* terhadap stres pada guru penderita DM tipe 2 yang menjalani pengobatan rawat jalan di RSUD Kabupaten Purbalingga. Sedangkan hasil analisis untuk pengaruh parsial antara regulasi emosi dan stres (rx2y) diperoleh hasil  $t = 3.123$

dengan taraf signifikansi  $p = 0.003$  ( $p < 0.01$ ) yang artinya terdapat pengaruh yang signifikan antara regulasi emosi terhadap stres pada guru penderita DM tipe 2 yang menjalani pengobatan rawat jalan di RSUD Kabupaten Purbalingga.

Tabel 5. Hasil Analisis Hubungan Antar Variabel

| No | Variabel                       | t     | Signifikansi | Kaidah     | Keterangan                         |
|----|--------------------------------|-------|--------------|------------|------------------------------------|
| 1  | Self compassion terhadap stres | 5.530 | 0.000        | $p < 0.01$ | Ada pengaruh dan sangat signifikan |
| 2  | Regulasi emosi terhadap stres  | 3.123 | 0.003        | $p < 0.01$ | Ada pengaruh dan sangat signifikan |

Hasil analisis regresi terhadap kedua variabel bebas yaitu *self compassion* dan regulasi emosi terhadap stres didapatkan hasil bahwa *self compassion* dan regulasi emosi secara simultan mempengaruhi stres pada guru pen  
menjalani pengobatan rawat jalan di RSUD Kabupaten Pt  
hasil tersebut menunjukkan bahwa hipotesis pertama diterima sehingga variabel stres dapat diprediksi berdasarkan *self compassion* dan regulasi emosi. Secara bersama-sama kedua variabel bebas memberikan sumbangan sebesar 57.7 % terhadap kepuasan kerja dan 42.3% sisanya dapat dipengaruhi oleh variabel lain. Penelitian ini sejalan dengan penelitian yang dilakukan oleh Jones, Clare dan Robert (2015) yang menemukan bahwa *self compassion* secara signifikan negatif berpengaruh terhadap gejala stres. Senada juga dengan hasil penelitian yang dilakukan oleh Myruski (2018) mengatakan bahwa regulasi emosi secara signifikan negatif berpengaruh terhadap efek negatif dari stres.

Pada hipotesis kedua yang diajukan didapatkan bahwa ada pengaruh yang sangat signifikan antara *self compassion* terhadap stres sehingga hipotesis tersebut diterima. Hasil yang didapatkan tersebut didukung oleh teori yang diasumsikan dan juga beberapa hasil penelitian lain yang serupa seperti hasil penelitian Jones, Clare, dan Robert (2015) yang menemukan bahwa *self compassion* secara signifikan

berpengaruh terhadap gejala stres. Individu dengan *self compassion* yang baik, mampu menahan diri dari tuntutan yang tidak realistis demi mengejar kesempurnaan (Neff & Germer, 2013). Peningkatan komponen *self compassion* yang berupa *self kindness, common humanity, mindfulness* dapat memprediksi penurunan stres serta meningkat kebahagiaan dan kepuasan hidup (Neff, 2016). Sehingga *self compassion* relevan untuk menangani masalah psikologis seperti stress (Beth & Gumley, 2012; Bluth & Eisenlohr, 2017; Marsh, Chan, & Beth, 2018).

Durkin, Beaumont, Martin, dan Carson (2016) menjelaskan bahwa *self compassion* yang tinggi dikaitkan dengan tingkat kelelahan yang lebih rendah akibat stres yang dirasakan. Aspek *self compassion* merupakan prediktor yang kuat untuk menurunkan stres, sehingga dapat meningkatkan kualitas hidup seseorang (Wadsworth, Forgerread, Hsu, Kertz, Treadway & Björgevinnsson, 2018). *Self compassion* tampaknya efektif untuk meningkatkan rasa percaya diri / mengurangi kedinginan pada diri sendiri, dan untuk mengurangi stres dan gejala kelelahan (Eriksson, Germundsjo, Astrom, & Ronnlund, 2018)

Individu yang memiliki *self kindness* dapat memaknai penderitaan yang telah dialami, dengan cara memperlakukan dirinya sendiri dengan baik sehingga stres akibat sakit fisik akan berkurang (Neff, 2012). Sedangkan, *Common humanity* membantu individu menyadari bahwa penderitaan adalah hal yang wajar untuk dialami manusia sehingga stressnya berkurang. *mindfulness* membuat individu dapat memaknai penderitaan yang dialami secara objektif sehingga tidak menimbulkan ketakutan yang berlebihan.

Pada hipotesis ketiga yang diajukan didapatkan ada pengaruh yang sangat signifikan antara regulasi emosi terhadap stres pada guru penderita DM tipe 2 yang menjalani pengobatan rawat jalan di RSUD Kabupaten Purbalingga. Hal ini sesuai dengan penelitian Myruski (2018) yang menyatakan bahwa regulasi emosi secara signifikan berpengaruh negatif terhadap stres. Di dukung oleh penelitian Moghadam, Najafi, and Yektatalab (2018), mengatakan bahwa hasil pemrosesan regulasi emosi berinteraksi dengan kontrol diri pada seseorang. Seseorang yang memiliki regulasi

emosi menjadi lebih terbuka, kembali bersemangat dalam menjalani hidup, keadaan fisik semakin membaik dan keadaannya menjadi stabil. seseorang yang memiliki regulasi emosi, akan memiliki kontrol baik yang dikaitkan dengan serangkaian dalam menangani gangguan psikologis seperti stres (Watson & Sinha, 2008).

Regulasi emosi juga akan berperan terhadap stres melalui aspek-aspek regulasi emosi yang tinggi. Aspek-aspek regulasi emosi menurut Gross (2014) meliputi *situation selection*, *situation modification*, *attention deployment*, *cognitive change* dan *respon modulation*. Individu yang memiliki *situation selection* dapat menghindari dari situasi yang dapat menimbulkan emosi yang berlebihan, sehingga dapat membantu individu untuk mengurangi stres fisik dan psikis yang dirasakan secara perlahan. *Situation modification* membantu individu dalam mengubah lingkungan, sehingga akan ikut mengurangi pengaruh kuat dari emosi yang timbul. *attention deployment* membuat individu mampu mengalihkan perhatian dari situasi yang tidak menyenangkan untuk menghindari timbulnya emosi yang berlebihan yang menimbulkan stres. *cognitive change* mengubah cara berpikir individu menjadi lebih positif sehingga dapat berpikir secara rasional. *respon modulation* membantu individu untuk dapat mengatur dan menampilkan respon emosi yang tidak berlebihan dan menurunkan stres yang dirasakan.

Temuan penelitian ini memiliki beberapa implikasi praktis. Pertama, penelitian ini telah memperkuat bahwa *self compassion* adalah salah satu penentu utama stres yang dirasakan oleh penderita DM tipe 2. Keluarga penderita DM 2 perlu memberikan dukungan agar penderita DM tipe 2 mampu memahami bahwa bagaimanapun kondisi fisiknya ia adalah orang yang berharga dan ia harus dapat menyayangi dirinya sendiri. Kedua, penelitian ini juga memperkuat bahwa regulasi emosi adalah salah satu penentu utama stres yang dialami penderita DM tipe 2, penderita DM tipe 2 sebaiknya diberikan pendampingan secara psikologis agar dapat dilatih kemampuan regulasi dirinya. Upaya-upaya tersebut dilakukan agar penderita DM tipe 2 dapat senantiasa menjaga kondisi psikologisnya dengan baik, sehingga akan mendukung penanganan kondisi kesehatannya secara fisik.

## **6. KETERBATASAN PENELITIAN**

- a. Kurangnya fasilitas yang memadai seperti meja dan kursi yang nyaman di RSUD pada saat subjek mengisi angket, hal ini membuat subjek merasa kurang nyaman pada saat proses pengisian angket.
- b. Penelitian ini menggunakan teknik pengumpulan data angket/ skala yang membutuhkan waktu cukup lama dalam proses pengisian angket, keterbatasan waktu yang diberikan subjek dalam mengisi angket mengingat kondisi subjek yang sedang sakit, sehingga peneliti harus membantu dan menunggu subjek satu persatu dalam pengisian angket.

## **7. SARAN**

- a. Jumlah sampel diperbanyak dan tidak terbatas pada guru penderita DM tipe 2 saja, sehingga hasil bisa lebih mempresentasikan populasi.
- b. Bagi peneliti selanjutnya, diharapkan dapat melakukan penelitian lanjutan mengenai faktor-faktor lain yang memiliki peran terhadap stres pada guru penderita DM tipe 2 yang menjalani pengobatan rawat jalan seperti kepribadian, intelektual/kognitif, harga diri, motivasi, kepercayaan diri, dukungan sosial, hardiness, optimisme, efikasi diri, subjective well being, happiness.
- c. Pada penelitian selanjutnya, sebaiknya saat melakukan penelitian di rumah sakit peneliti menyediakan tempat yang nyaman dan memadai pada saat subjek mengisi angket.

## **8. KESIMPULAN**

Berdasarkan hasil analisis data penelitian maka kesimpulan yang dapat diambil dalam penelitian ini antara lain yaitu: 1) Secara simultan terdapat pengaruh yang sangat signifikan antara self compassion dan regulasi emosi terhadap stres. 2). Terdapat pengaruh yang sangat signifikan self compassion terhadap stres. 3) Terdapat pengaruh yang sangat signifikan antara regulasi emosi terhadap stres. self compassion dan regulasi emosi memberikan kontribusi sebesar 57,7% terhadap stres dan 42,3% sisanya dapat dipengaruhi oleh variabel lain.

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# The Role of Self Compassion and Emotional Regulation to Stress on Teacher of Diabetic Patients

Hastin Wulandari, Siti Urbayatun, Mujidin

**Abstract**— this study aimed empirically to test the role of self-compassion and emotional regulation to stress on diabetics (DM) Diabetic Patients. The research subject was 82 type 2 DM sufferer teachers who underwent outpatient treatment at RSUD Purbalingga. The method in collecting data used scales of self-compassion, emotional regulation, and stress in particular *Likert* scaling model. The data analysis used multiple linear regression analysis with the assumption of normality tests including tests, linearity testing, and multicollinearity testing. The results of data analysis showed that self-compassion and emotional regulation simultaneously influenced to stress with value  $F=53,883$ ,  $p=.000$  ( $p<.01$ ). There was a very significant influence between self-compassion to stress with a value of  $t = 5,530$ ,  $p = .000$  ( $p < .01$ ) and it was very significant influence between emotional regulation to stress with a value of  $t = 3,123$  with significance  $p=.003$ , ( $p<.05$ ). Self-compassion and emotional regulation contributed to 57.7% to stress, and the remaining of 42.3% could be affected by other variables.

**Keywords**— Diabetes Mellitus, Diabetic Patients, Emotional Regulation, Life Style, Self-Compassion, Stress

## 1 INTRODUCTION

Modernization makes the society of Indonesia have a range of new occupy activities, and each individual has a variety of daily activities. Individuals who have a lot of activities can experience the difficulties in organizing time effectively; these difficulties raise physical and psychological pressure which causes stress [1]. The cause of stress for individuals varies, but the stress is caused by a large number of claims originated from their selves and the environment [2]. One of the causes of stress is disease, for example on teachers who are diabetic patients (DM) [3]. Diabetic (DM) is a common disease experienced in many circles, and the prevalence of diabetes has increased in various area. Diabetes

is associated with the metabolism of fat disorder, protein, and carbohydrates [4]. Type 2 diabetes mellitus (T2DM) is a common metabolic disorder characterized by chronic hyperglycemia. It relates to the decreasing age life expectancy due to the risk of heart disease, stroke, peripheral neuropathies, kidney disease, blindness, and amputation [5].

Teachers suffering from Type 2 DM diabetic experienced stress due to a disruption in the body's response, so the body cannot respond to every specific need of body which experienced interference [1]. The type 2 DM diabetic patients should keep their diet patterns which can also raises stress, and it is important since they have to limit and reduce certain foods as well as controlling weight [6]. On the other hand, stress related to eating behavior and eating behavior is important for patients of DM. Therefore, it is necessary for patients of type 2 DM to keep the diets [7].

Ludin, William, Fisher, Abdi, Smith, and Williams [8] explained that diabetes and stress are two matters that

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influence each other whether it is directly or indirectly. The individual who experiences high stress may result an increased risk of type 2 DM [9]. The research of Derek, Rottie, and Kallo [10] showed a relationship between stress levels and blood sugar levels of type 2 DM for patients at hospital of self-compassion in GMIM Manado. Surwit [11] stated that stress is one of the phenomena that arise in diabetics.

Sarafino and Smith [12] defined stress as the condition when individuals are not able to deal with the demands of their environment, making the individual feel tense and uncomfortable. Stress is the response of the individual against the condition or event that triggers stress (stressor), which threatens and interferes with a person's ability to handle or cope [13]. Robbin and Judge [14] explained that stress is a dynamic condition of the individual facing the opportunities, constraints, demands associated with what is really wanted, and the results are perceived as something uncertain but important.

Sarafino and Smith [12] mentioned two aspects of stress: 1) Physiological, it is biological reactions that arise due to a threatening or dangerous condition. For example, shaking, cold sweat, dizziness, heart beating fast, difficult breathing, frequent urination, feeling limp, throat feeling dry, and nausea. 2) Psychological aspect consists of cognitive and behavior. Sarafino and Smith [12] explained two factors affected stress. 1) Factors related to the situation, covering his childhood circumstances demands seen as stress, such as the environment, and social culture. 2) Factors related to the individual including personality, intellectual/cognitive, motivation, self-esteem, self-confidence, self-compassion, and emotional regulation. Therefore, stress is a very important variable to be investigated regarding the problems arises from stress on type 2 DM diabetic patients.

Stress can be affected by self-compassion; the study of Neff [15] suggested that self-compassion or sense of compassion to oneself can be shown with a strong mental attitude and hardiness in addressing each of the predicaments that happened to oneself. Self-compassion gives the emotional strength and endurance in order that individuals recover more quickly from a sense of disappointment or frustration, so that it could admit shortcomings, forgive oneself, and try to reach potential. The study of Gilbert and Proctor [16] found that increased self-compassion can lower the levels of stress hormones on the individual. Self-compassion is a valuable coping resource when people experience negative life like stress, and self-compassion can be important for lowering stress [17].

Bluth, Robertson, Gaylord, Faurot, Grewen, Arzon and Girdler [18] expressed that self-compassion associated with emotional related to welfare, and indicated the implication of an individual who has good self-compassion tending to have low stress. Self-compassion significantly reduces depression, anxiety, and stress of patients with type 2 diabetics [19].

Neff (2016) [20] defined self-compassion is compassion on us toward suffering that is experienced by someone. The components of self-compassion according to Neff [20] consist of (1) self-kindness; it is the ability to understand oneself when

individuals with disabilities or feel the diabetic patients in her life, (2) the common humanity; it is individual awareness that all people experienced difficult times, (3) mindfulness is full consciousness to accept suffering which is thought and felt. Neff [21] also explained the concept of compassion towards you consists of three components including self-kindness (good), common humanity (human), mindfulness (awareness of yourself). All those components are relevant and highly needed by sufferers of type 2 DM. Gohm [22] stated that individuals who have good emotional regulation ability can provide the right emotional reaction, so that it can reduce and avoid the stressful condition. The concept of emotional regulation includes awareness and ignorance in psychological, behavioral, and cognitive processes. Emotional regulation is important that teachers can carry out a healthy [23].

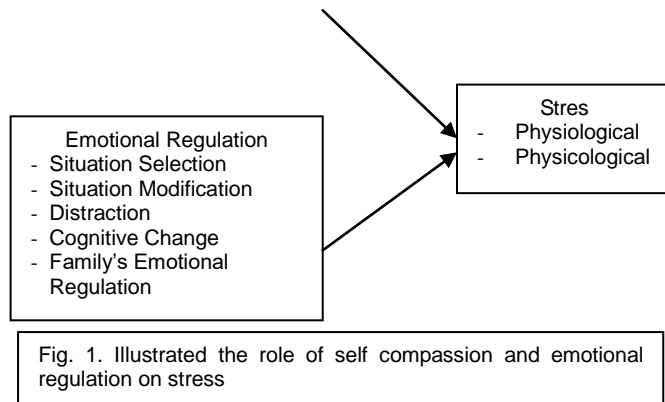
Emotional regulation is the capability to assess, cope, manage and disclose proper emotional in order to achieve emotional balance [24]. Gross [25] defined emotional regulation as the formation of emotional that is owned by a person when someone has an emotion. Also, it is how someone experiences or expresses this emotional regulation strategy with the emotions that make their condition get better. According to Kostiuik and Fouts [26], emotional regulation is the ability to respond to continuous demands and experience a wide range of emotions in a required spontaneous.

Richardson [27] revealed that emotional regulation is important to consider in the context of stressful life events. If a man has a high emotional regulation, he can feel that the stress is decreasing. The regulation allows the individual be capable of controlling emotional by changing negative emotions into positive emotions and performing introspection and uneasy to despair facing a problem [25]. Good self-regulation can have a positive impact on the stress problem, and glycemic control diabetic patients DM [28] reduce anxiety, sleep soundly and increase the sense of comfort and relax, so it can reduce stress [29]. The study of Wang, Kong, and Hwang [30] showed that the higher the regulation of emotional, the lower of stress. Thus, emotional regulation is effective to lower stress [31].

According to Gross [25], aspect of emotional regulation consists of (1) Situation selection is a way in which individuals' approach/avoid people or situations that may cause excessive emotional. (2) Situation modification is a way in which someone changed the environment which will reduce a strong influence from arising emotion (3) Attention deployment is the way which someone diverts their unpleasant situation to avoid the incidence of excessive emotional. (4) Cognitive change is a strategy in which individuals are re-evaluating the situation by changing the way of thinking and becomes more positive to reduce the influence of strong emotions. (5) Modulation response is individual efforts to organize and display the response of emotions that are not excessive.

To sum up, it presented an overview about the role of self-compassion and emotional regulation to stress in the study as follow:

|  |
|--|
| <p>Self Compassion</p> <ul style="list-style-type: none"> <li>- Self kindness</li> <li>- Common humanity</li> <li>- Mindfulness</li> </ul> |
|--|



The purpose of the study is to empirically test the role of self-compassion and emotional regulation to stress to type 2 DM diabetic patients. The hypothesis is 1) there is the role of self-compassion and regulation to stress. 2) there is the role of self-compassion to stress and 3) there is the role of emotional regulation to stress.

## 2 RESEARCH METHOD

### 2.1 Subject

The subject of the study was the teacher with type 2 DM who underwent outpatient treatment at RSUD Purbalingga. The subject number of the study was 82 type 2 DM sufferer teachers who underwent outpatient treatment at RSUD Purbalingga, 2, recorded in the medical record data of internal medicine polyclinic started from January of 2017 – January 2019 (a range of disease is less than 2 years for the physiological and psychological effects).

### 2.2 Measurement Instrument

Stress is expressed by using a stress scale referring to stress aspects according to Sarafino and Smith [12], physiological and psychological. Self-compassion is expressed by using a self-compassion scale that refers to the component according to teacher with type 2 DM [20], namely self-kindness, common humanity, mindfulness. Emotional regulation is revealed by using the emotional regulation scale with reference to the emotional regulation according to Gross (2014) [25]; the physical demands and the task demands.

### 2.3 Instrument Validity and Reliability

The measuring instrument testing was done to 40 of types 2 DM sufferer teachers who underwent outpatient treatment at RSU Purbalingga. The stress scale consisted of 60 items. After testing the scale, it obtained the result of reliability coefficient ( $\alpha$ ) for .936 and index of corrected item-total correlation between .345 to .726. Based on the result, a stress scale can be used as a valid and reliable data collection instrument. The scale model for job satisfaction scale was likert scale model. Self-compassion scale consisted of 60 items. After testing the scale, it obtained the result of reliability coefficient ( $\alpha$ ) for .931

and index of corrected item-total correlation between .316 to .645. Based on the result, self-compassion scale can be used as a valid and reliable data collection instrument. The scale model for job satisfaction scale was likert scale model.

The emotional regulation scale consisted of 60 items. After testing the scale, it obtained the result of reliability coefficient ( $\alpha$ ) for .926 and index of corrected item-total correlation between .315 to .680. Based on the result, the emotional regulation scale can be used as a valid and reliable data collection instrument. The scale model for job satisfaction scale was likert scale model.

## 2.4 Data Analysis

The method to analyze the research data used parametric statistical methods. Data analysis was done by using IBM SPSS 22. It was done through the technique of multiple linear regression test (multiple regression) which was a statistical analysis technique to find out the significant between two free variables (self-compassion and emotional regulation) with one dependent variable (stress). The assumption test which was done before hypothesis testing was a normality test, linearity test, and multicollinearity test.

## 3 RESULT AND ANALYSIS

### 3.1 Assumption Test

#### 3.1.1 Normality Test

Normality test aimed to see whether it is normal or not of the distributed distribution of the variable in the subject score of self-compassion, stress, and emotional regulation. Normality tests were performed using a one-sample Kolmogorov-Smirnov test. The results of the analysis showed that three variables had a normal distribution which can be seen in Table 1 below.

TABLE 1  
NORMATILY TEST

| Variable                    | Score |      |       |             |
|-----------------------------|-------|------|-------|-------------|
|                             | K-SZ  | Sig. | Rule  | Information |
| <i>Stress</i>               | .755  | .619 | P>.05 | Normal      |
| <i>Self-compassion</i>      | .699  | .713 | P>.05 | Normal      |
| <i>Emotional regulation</i> | .627  | .826 | P>.05 | Normal      |

Source: Research Result, 2019 (processed data)

#### 3.1.2 Linearity Test

Linearity test was obtained from F linearity on work stress towards job satisfaction of 21,869 significance level (p) of linear .000 or there was a line connected between the variables work stress with job satisfaction. The results of the linearity test of the workload towards job satisfaction obtained F linearity of 4,398 significance level (p) of the linear .046 or there was a straight-line connection between the workload with job satisfaction. The result of the linearity test can be seen

in table 2 below.

TABLE 2  
LINEARITY TEST

| Variable             | F<br>Linearity | Sig. | Rule  | Information |
|----------------------|----------------|------|-------|-------------|
| Self-compassion      | 99.709         | .000 | P<.01 | Linear      |
| Emotional Regulation | 56.256         | .000 | P<.01 | Linear      |

Source: Research Result, 2019 (processed data)

### 3.1.3 Multicollinearity Test

Multicollinearity test aimed at ensuring that no occurrence of the multicollinear relationship between two variables. Based on table 3 below, it presented that the stress of work and the workload had value VIF = 1.250 (VIF < 10) and tolerance = .800 (tolerance > .01), work stress, and the workload of multicollinearity do not occur.

TABLE 3  
MULTICOLLINEARITY TEST

| Variable             | Tolerance | VIF   | Information          |
|----------------------|-----------|-------|----------------------|
| Self-compassion      | .582      | 1.720 | No multicollinearity |
| Emotional regulation | .582      | 1.720 | No multicollinearity |

Source: Research Result, 2019 (processed data)

### 3.1.4 Hypotheses Test

TABLE 4  
MULTIPLE REGRESSION TEST

| Variable   | R    | F      | Sig  | Rule  | Information                                |
|--|------|--------|------|-------|--|
| Self-compassion and emotional regulation to stress | .577 | 53.883 | .000 | P<.01 | There is an influence and very significant |

Source: Research Result, 2019 (processed data)

Based on table 4, multiple regression analysis is obtained by testing the value of the test results of F 53.883 with the significance of .000 ( $p < .01$ ) indicating that self-compassion and emotional regulation simultaneously influence to stress on type 2 DM sufferer teachers who underwent outpatient treatment at RSUD Purbalingga. The value of the determination coefficient was R Square = .577 showed that

self-compassion and emotional regulation have contributed to the stress of 57.7% while the remaining of 42.3% was affected by other variables.

TABLE 5  
ANALYSIS RESULT OF INTER-VARIABLE RELATIONS

| Variable                       | T     | Sig. | Rule      | Information                             |
|--------------------------------|-------|------|-----------|---|
| Self-compassion to stress      | 5.530 | .000 | $p < .01$ | There is influence and very significant |
| Emotional regulation to stress | 3.123 | .003 | $p < .01$ | There is influence and very significant |

Source: Research Result, 2019 (processed data)

In partial, the analysis result showed that there was partial influence between self-compassion and stress (rx1y) for  $t = 5,530$  with significance  $p = .000$  ( $p < .01$ ) which means there was a very significant influence between the self-compassion to stress on type 2 DM diabetic patients who underwent outpatient treatment at RSUD Purbalingga. Whereas the analysis result for the influence of partial regulation between emotion and stress (rx2y) obtained a result  $t = 3,123$  significance level  $p = .003$  ( $p < .01$ ) which meant there was a significant influence between emotional regulation to stress on teacher with type 2 DM sufferer teacher who underwent outpatient treatment at RSUD Purbalingga.

The results of the regression analysis against the two independent variables were self-compassion and emotional regulation to stress brought the results that self-compassion and emotional regulation simultaneously affected stress on type 2 DM diabetic patients who underwent treatment outpatient at RSUD Purbalingga. Based on the results, it demonstrated that the first hypothesis was accepted which variable stress can be predicted based on self-compassion and emotional regulation. These two independent variables provided 57.7% toward job satisfaction and the remaining of 42.3% affected by other variables. The research is in line with research conducted by Jones, Clare and Robert [32] which has found the self-compassion significantly brought negative effect on the symptoms of stress. The results of research conducted by Myruski [33] have also said that emotional regulation was a significantly negative influence on the negative effect of stress.

The second hypothesis demonstrated that there was a very high significance between self-compassion to stress which made the hypothesis be accepted. The results are supported by assuming theories and some studies like the study of Jones, Clare, and Robert [32] which has found self-compassion significantly influenced to stress symptoms. An individual with good self-compassion was able to refrain from unrealistic demands for reaching perfection [34]. The improvement of

self-compassion component in the form of self-kindness, common humanity, and mindfulness can predict to decrease stress and increase happiness and life satisfaction [35]. Hence, self-compassion was relevant to deal with psychological problems such as stress [36], [37], [38].

Durkin, Beaumont, Martin, and Carson [39] explained that high self-compassion was related to lower fatigue level caused by stress. The aspect of self-compassion was a strong predictor to reduce stress, and it can increase the quality of one's life [40]. The self-compassion seemed effective to increase self-confidence/ decrease the cold of self, for decreasing stress and fatigue symptoms [41].

The individual who had self-kindness could define experience of suffering by treating himself well so that stress is caused by physical disease [20]. Whereas, common humanity helped the individual to realize that suffering is a natural thing for a human being to decrease the stress. Mindfulness made the individual able to interpret experienced of suffering objectively that does not raise an excessive fear.

The third hypothesis revealed a very significant result between emotional regulations to stress on type 2 DM sufferer teachers who undergo treatment outpatient at RSUD Purbalingga. It was in line with the study of Myruski [33], he has stated that emotional regulation significantly influenced negative to stress. The idea was supported by the study of Moghadam, Najafi, and Yektatabab [42] that they have stated that the result of emotional regulation process interaction with self-control to someone. The one who has emotional regulation become open-minded person, more spirit to enjoy life, better physical condition and more stable. The one who has good emotional regulation and control was associated with a series in handling psychological disorder such as stress [43].

Emotional regulation will also have a role through the aspects of high emotional regulation. The aspects of emotional regulation based on [25] included situation selection, situation modification, attention development, cognitive change, and modulation response. The individuals who have situation selection could avoid a situation which arises excessive emotional, so that it can help the individual to decrease the stress of physically and psychic which slowly occur. Situation modification helps the individual change environment, and it will decrease a strong influence from arising emotional. Attention deployment makes individual able to distract something from an unpleasant condition in which to avoid excessive emotional causing stress. Cognitive change converts way of individuals' thinking to be more positive in order to think rationally. Response modulation helps the individual able to organize and perform emotional response which is not excessive and decrease stress.

The findings of the study have some practical implications. Firstly, the study strengthens the idea that self-compassion is

one of the main stress determinants felt by type 2 DM diabetic patients. The family of type 2 DM sufferer needs to give support for the sufferers to realize that physical condition is a prestigious thing so that they can love their selves more. Secondly, the study strengthens the opinion that emotional regulation is the main stress determinant experienced by type 2 DM sufferer. The sufferers should get accompaniment psychologically to train their self-regulation. Those efforts are applied to keep their psychologically condition for type 2 DM diabetic patients, also it will support their physical condition.

#### 4 WEAKNESS OF RESEARCH

- Lack of adequate facilities such as a comfortable table and chair at the RSUD when the subject fills in the questionnaire. This makes the subject feel less comfortable during the questionnaire filling process.
- This study uses a questionnaire / scale data collection technique that takes a long time in the questionnaire filling process, the limited time given by subjects in filling out the questionnaire given the condition of the subject being sick. Therefore, researchers must help and wait for the subjects one by one in filling out the questionnaire.

#### 5 SUGGESTIONS

- The number of samples is reproduced and is not limited to teachers with type 2 diabetes only, so the results can be more representative of the population.
- For further researchers, it is expected to conduct further research on other factors that have a role in stress on type 2 DM patients undergoing outpatient treatment such as personality, intellectual / cognitive, self-esteem, motivation, self-confidence, social support, hardiness, optimism, self-efficacy, subjective well being, happiness.
- In subsequent studies, it is better when conducting research in hospital because researchers provide a comfortable and adequate place when the subject fills out a questionnaire.

#### 6 CONCLUSION

Based on data analysis of the research, some conclusions arise as follow: 1) there is very simultaneously significant influence between self-compassion and emotional regulation to stress. 2) There is a very significant influence between self-compassion to stress. 3) there is a very significant influence among emotional regulation to stress, self-compassion, and emotional regulation gives a contribution 57,7% to stress and the remaining of 42,3% is affected by other variables.

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